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1 UNITED STATES DISTRICT COURT
2 SOUTHERN DISTRICT OF NEW YORK
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4 UNITED STATES OF AMERICA,

5 v.

15 Cr. 633 (KMW)

6 TARAMATIE PERSAUD,

7 Defendant.

Conference

8 New York, N.Y.
9 June 14, 2018
10 4:08 p.m.

11 Before:

12 HON. KIMBA M. WOOD,

13 District Judge

14 APPEARANCES

15 GEOFFREY S. BERMAN
16 United States Attorney for the
17 BY: JANE KIM
18 Assistant United States Attorney

19 BRAD HENRY, ESQ.
20 Attorney for Defendant

21 ALSO PRESENT: ANDREA SMITHSON, Extern

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1 (Case called)

2 MS. KIM: Good afternoon, your Honor. Jane Kim for
3 the government.

4 MR. HENRY: Good afternoon, your Honor. Brad Henry
5 for Ms. Persaud, who is seated to my left. Also at counsel
6 table is an extern at our office from Brooklyn Law School,
7 Ms. Andrea Smithson.

8 THE COURT: Very good.

9 All right. I thought it would be useful to have a
10 face-to-face conference for me to learn more about the
11 defendant's illness and her likelihood of recovery.

12 MR. HENRY: That's fine, your Honor. If you'd like me
13 to just jump right in, I can do that.

14 THE COURT: Yes, please.

15 MR. HENRY: Okay. So just as the Court is aware,
16 Ms. Persaud has had ongoing struggles with her health, for many
17 months. Quite some time ago, Ms. Persaud underwent an elective
18 surgery, it was a gastric bypass surgery, and things seemed to
19 be going well. At a point in time she started suffering from
20 severe stomach and abdominal pain, having difficulty eating
21 solid food or, when she did eat it, keeping it down, even
22 keeping water down sometimes. And so in recent months, even as
23 recently as March of this year, Ms. Persaud underwent a second,
24 a third -- I'm sorry, a third nonelective surgery, which
25 attempted to correct some of the issues with her gastric bypass

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1 which they believe were causing some of her not being able to
2 eat and nourish herself and some of the pain that she was
3 experiencing. After that surgery she has continued to have
4 some problems. They continue to monitor her with that. Part
5 of the delay is the gastroenterologist obviously is very busy
6 and so the times when they can set appointments for her are a
7 little longer in time, and they've got her undergoing certain
8 therapies with medications, and they want to see if those
9 issues correct themselves with the use of proper medication.

10 And so the latest update, your Honor, is that on
11 Monday, June 11th, she had another -- basically they stuck a
12 tube down her throat to check out what was going on, an
13 endoscopy, with no biopsy, it says. But it turns out that the
14 results of that are -- and forgive me if I don't know exactly
15 what all of these mean, but we know what some of them --

16 THE COURT: Take it slowly.

17 MR. HENRY: But it shows that one of the findings was
18 that the gastric bypass with a pouch that was four centimeters
19 in length and attached staple line, meaning the staple line is
20 still holding fine. But there was a -- they call it
21 gastrojejunal anastomosis.

22 THE COURT: Can you spell that for the court reporter.

23 MR. HENRY: Yeah, of course I can. Gastro,
24 J-E-J-U-N-A-L, one word, second word A-N-A-S-T-O-M-O-S-I-S.
25 And that that was characterized by congestion in the esophageal

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1 tube and down towards the stomach. Edema, which we know is
2 basically bleeding and bruising. Erythema. I'll spell that
3 for you. It's E-R-Y-T-H-E-M-A. Also friable mucosa, which is
4 F-R-I-A-B-L-E, second word mucosa, M-U-C-O-S-A. Inflammation,
5 and ulceration. And so based on my sort of Googling of that,
6 it basically means it's a big mess in there and that they're
7 having a difficult time sorting out what exactly is causing the
8 problem and how to correct it permanently. And so what they
9 did in the meantime is they ordered her to return to her
10 gastroenterologist office in two weeks from that date and that
11 they also recommend a repeat upper endoscopy in two months to
12 evaluate the treatment that they put her on, which is
13 essentially this. It's a number of antiinflammatory and
14 gastric reflux control medications, which I'm assuming they
15 believe that, because of the gastric bypass, some of the
16 stomach fluids are coming up and causing issues with the
17 surgery site. But they recommend taking Prilosec, Gaviscon,
18 Carafate, and Pepcid, in varying amounts over the course of the
19 next couple of months, to see if that relieves the inflammation
20 and some of the issues that are going on in there, which then
21 the gastroenterologist will determine whether another surgery
22 will be required to clean it up or if they can control it with
23 medication.

24 And so unless the Court has any questions, that's the
25 update with her issues as I understand them currently.

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1 THE COURT: And when they do the endoscopy in two
2 months, what would the best case scenario be?

3 MR. HENRY: Best case scenario would be I think over
4 the course of time that she would be able to eat a more steady
5 diet, particularly of solid food, and that we would then know
6 that there are certain medications which she can take in
7 combination that will control the problems in there. And so
8 best case scenario I think would be that she is cleared up
9 enough to where the pain and some of the discomfort and her
10 ability to eat a normal diet would return. But I guess worst
11 case scenario is it doesn't clear up and she needs more surgery
12 to try to fix the issue.

13 THE COURT: Well, I'm sorry you're going through all
14 of this.

15 THE DEFENDANT: Thank you.

16 THE COURT: Thank you for describing that.

17 Would the government like to be heard?

18 MS. KIM: Yes, your Honor. I think I am not going to
19 pretend that I'm a doctor and so I don't -- part of the reason
20 why the government hasn't taken a position on these many
21 requests over the last -- I suppose now it's been about a year
22 and a half since the defendant's sentencing. Part of the
23 reason we haven't taken a position as to the request for the
24 adjournment of the self-surrender is because we just don't have
25 enough information to determine whether or not BOP would be

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1 able to adequately treat the defendant.

2 THE COURT: Right.

3 MS. KIM: We'd be happy to try to find an answer to
4 that. Defense counsel has said that he'd be open to providing
5 us with some medical records. It also sounds like after this
6 endoscopy we might have some more answers, and so it seems like
7 that might be an appropriate course.

8 THE COURT: I think it would make sense to wait until
9 the next surgery, and if then defense counsel could provide the
10 government with all of your client's medical records, they can
11 then look into whether the Bureau of Prisons can deal with
12 this. It would surprise me if it were -- well, I won't get
13 into that. It sounds complex enough that it would be difficult
14 for the Bureau of Prisons to deal with, at least at this stage,
15 but I don't want to preclude that because I'm not a doctor
16 either.

17 So after the next endoscopy, if you could, let's say
18 within a month of that, let the government know that it's taken
19 place and either she's well enough to self-surrender or, if
20 she's not, send all the medical records to the government.

21 MR. HENRY: I certainly will, your Honor.

22 THE COURT: Okay. Anything else?

23 MS. KIM: Not from the government, your Honor.

24 MR. HENRY: No. Thank you very much.

25 THE COURT: Okay. Thank you.
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